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ABSTRACT

Relationships among client sex bias, client sex, and therapist sex to therapy outcome were examined in four hypotheses: (1) Does sex of participants or initial client sex preference for a therapist affect treatment outcome? (2) Does exposure to a same or (3) opposite sex therapist affect attitudes toward the therapist? (4) Does client-perceived similarity to the therapist affect outcome? Twenty-five female and 25 male clients were randomly assigned to one of five conditions. Four treatment conditions were either same-sex or opposite-sex client-therapist dyads, plus a no-treatment control group. Dependent measures included a questionnaire of attitudes toward therapists and the client's therapist sex preference. Treatment condition clients received two individual assertion training sessions employing modeling, coaching and behavioral rehearsal. Results revealed that treatment was effective compared to a no-treatment control. Positive change in client attitude correlated directly with outcome. Clients' attitudes did not reveal overall sex biases, but clients preferred opposite-sex therapists. Sex of client-therapist dyads, felt similarity and sex preferences toward the therapist did not significantly affect treatment outcome. (Author/BMW)

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Therapy Outcome: The Influence of the Sex of the Partcipants

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The present study investigated the relationship of client sex bias, client sex, and therapist sex to therapy outcome. A general sex bias has been reported in a variety of studies. Spence, Helmreich and Stapp (1975) demonstrated the existence of sex stereotypes. Male stereotypes have been found to contain more desirable characteristics than female stereotypes (Rosenkrantz, et al., 1968). The work of women has been rated lower in quality than comparable work of men (Deaux and Emswiller, 1974). Occupational success in women is more often attributed to motivation or chance, while in men success is more often attributed to ability or intelligence.

Client Preference. Clients have been found to prefer male therapists for both vocational and personal problems (Fuller, 1964). Non-clients report that they would prefer male therapists for vocational problems, but same sex therapists for personal problems.

Client sex, therapist sex and therapy outcome. Geer (1973) found opposite sex diads more effective than same sex diads in desensitization treatment. Fuller (1963) reported that progress in treatment was better when at least one member of the dyad was female. Thus, both therapist and client sex have been found to effect treatment outcome.

Model and observer sex. Same sex models were found to be preferred unless the modeled behavior is perceived by the observer as sex inappropriate (Akamatsu and Thelen, 1974). Regardless of the sex of the model observers imitate more when models are high status or perceived as prestigious or competent. Thus, male therapists may be more successful in therapy because they may be perceived as having higher status, prestige or competence.

In the present study the following hypotheses were examined:

1. In a therapy dependent on modeling if sex bias favoring males exists, dyads with male therapists should display greater improvement than dyads with female therapists (similarity).

2. If no sex bias exists, then same sex dyads should improve more than opposite sex dyads.

3. Client preferences for a male or female therapist will not effect treatment outcome. Previous studies support this hypothesis. Other studies suggest that attitude change takes place early in therapy and thus client preferences do not effect outcome.

4. Exposure to a same or opposite sex therapist will not effect attitudes toward that therapist.

Method

Design. A 2 x 2 + 1 design was employed with sex of subject and sex of therapist as independent variables, plus a no treatment control.

Dependent measures. Five dependent measures were used in the study. The Semantic Differential Questionnaire (Isaac and Michael, 1971) measured attitudes toward the therapist. The questionnaire consists of five bi-polar adjective scales corresponding to the sex of the assigned therapist. The questionnaire was administered pre and post treatment. The mean of the five scales was used in the analysis. Split half reliability for the Semantic Differential Questionnaire was .84, $p < .01$.

Two measures of assertion were used in the study. The Conflict Resolution Inventory (CRI) is a 35 item paper and pencil measure of refusal behavior (McFall and Lillesand, 1971). The CRI was administered pre and post treatment. The total score was used in the analysis. The second assertion measure was the Behavioral Role-Playing Assertion Test (BRAT). The BRAT consists of eight audio taped situations to which clients responded (McFall and Twentyman, 1973). Clients' responses were recorded and rated by a male and female judge. Inter-judge agreement was .87. The mean score was used in the analysis. The correlation between the prescore CRI and BRAT was .37, $p < .007$. The residualized postscore correlation of the CRI and BRAT was .74, $p < .001$.

The fourth dependent measure was the client's therapist sex preference. This preference was measured by a single item attached to the CRI, pre administration. The fifth dependent measure was the Perceived Client-Therapist Similarity Scale (PCSS). The PCSS consists of five items and was administered at post treatment only. The split-half reliability was .83, $p < .01$.

Subjects. Twenty-five female and 25 male undergraduates, who met the following criteria, served as subjects (clients). They were between 17 and 21 years of age, had CRI assertion scores of 14 or below, reported at least moderate problems in responding assertively to unreasonable requests, desired treatment for the problem and had no previous psychotherapy experience. Female and male clients were assigned randomly to one of five conditions. The assignments produced same sex and opposite sex dyads consisting of a therapist and client.

Therapists. Two female and two male second year graduate students in the University of Kansas Ph.D. clinical psychology training program served as therapists. They were trained in the use of the treatment techniques and demonstrated their competence in using the techniques before two male

and two female judges. Interjudge reliability was .93.

Treatment. The two treatment sessions were modeled after those of McFall and Twentyman (1973) and consisted of modeling, coaching and behavior rehearsal. Each session followed eight steps: 1) presentation of the refusal situation, 2) the client's response and anxiety rating, 3) the therapist modeled an appropriate response, 4) the therapist coached the client, 5) the situation was presented again, 6) the client responded again and rated his/her anxiety, 7) positive feedback was given (if appropriate), and 8) either a new refusal situation was given or they returned to step three. Ten refusal situations were treated in the above eight step fashion.

Results and Discussion

Pretreatment Assertion Scores. One way ANOVAs comparing all five groups on the pretreatment CRI and BRAT scores found no significant differences; CRI, F (4,45) = .88, $p > .20$; BRAT, F (4,45) = 1.15, $p > .20$. Two way ANOVAs comparing the four treatment groups on pre treatment CRI and BRAT scores found no significant differences; CRI, F (1,36) = .86, $p > .20$; BRAT, F (1,36)= .06, $p > .20$. Thus, at pretesting no significant differences in assertion were found across therapist groups or across sex dyads.

Treatment and Therapist Effectiveness. Residualized posttest scores were used. One way ANOVAs comparing all five conditions found significant posttest differences on both adjusted assertion measures; CRI, F (4,45) = 15.75, $p < .001$; BRAT, F (4,45) = 36.95, $p < .001$. Tukey B analyses of mean adjusted BRAT and CRI scores revealed that each treatment group differed significantly from the no treatment control group ($p < .01$) but not from each other. Thus, treatment was found to be effective and there was no significant differences across therapists.

Client Sex, Therapist Sex and Treatment Outcome. Two way ANOVAs comparing sex of client and sex of therapist on adjusted BRAT and CRI scores found no significant differences ($p > .20$). Thus, regardless of sex of client or sex

of therapist, groups displayed similar increases in assertiveness. Sex of therapist and sex of client did not effect therapy outcome differentially.

Sex Bias and Therapy Outcome. A 2 x 2 ANOVA (sex of therapist by sex of client on pretreatment semantic differential scores revealed a main effect for client's sex, F (1,36) = 5.01, $p<.05$. However, no main effects for therapist sex and no interaction effects were found ($p>.20$). Female clients rated male and female therapists more positively than male clients. But clients did not favor one sex therapist over another.

The relationship between clients' pretreatment evaluation of therapists and treatment outcome was examined by correlating pretreatment semantic differential scores and clients' adjusted BRAT and CRI posttest scores. Correlations were .09, $p>.59$ and .05, $p>.76$ respectively. Thus, subjects' pretreatment attitudes toward male and female therapists did not significantly effect treatment.

Change in attitude toward the therapist and treatment outcome. A 2 x 2 ANOVA on adjusted posttest semantic differential scores (sex of client by sex of therapist) revealed no significant differences ($p>.20$). Thus, there were no significant differences between treatment dyads in change of semantic differential scores, i.e., attitudes toward therapists. All clients were more positive in attitude toward the therapist following treatment compared to prior to treatment.

The relationship of attitudes about therapists to treatment outcome was studied by correlating adjusted semantic differential scores with adjusted BRAT and CRI scores. Correlations were .33, $p<.04$ for the BRAT and .35, $p<.03$ for the CRI. Thus positive change in client's attitude toward the therapist was accompanied by improvement in treatment outcome.

Perceived client similarity and treatment outcome. Did clients feel more similar to same sex or opposite sex therapists? A 2 x 2 ANOVA compared clients on the perceived client-therapist similarity scale. No significant

differences were found ($p > .20$). Also client perceived similarity did not correlate with adjusted BRAT and CRI scores, $r = -.06$, $p > .70$ and $r = .18$, $p > .28$ respectively. Thus, outcome was not related to how similar clients felt to their therapists.

Prefereance and therapy outcome. Three male and ten female clients preferred male therapists. Thirteen male and three female clients preferred female therapists. Nine male and twelve female clients had no preference. Chi square analyses with male and female client preferences for 1) male therapist, female therapist or no preference; and 2) male therapist or female therapist both revealed that male clients preferred female therapists and female clients preferred male therapists, X^2 (2) = 10.44, $p < .01$ and X^2 (1) = 9.7, $p < .005$. To determine if preference affected therapy outcome, an unequal N analysis of variance was performed using adjusted BRAT and C scores with clients preferring male therapists, preferring female therapists and having no preference. Results indicated no significant differences for either scale, $p < .49$.

All clients were randomly assigned to a therapist regardless of therapist sex preference. To examine whether assignment to a preferred sex therapist effected outcome two one way ANOVAs using BRAT and CRI scores compared treatment by a preferred therapist, treatment by a non-preferred therapist, no therapist preference, and no treatment control. Results revealed a significant effect, BRAT, F (3,46) = 48.79, $p < .001$, and CRI, F (3,46) = 18.05, $p < .001$. Duncan's Multiple Range Test indicated that all treatment groups were significantly improved compared to the no treatment control group ($p < .01$), but were not significantly different from each other ($p > .20$). Thus, receiving treatment from a therapist of the preferred sex did not significantly increase the effectiveness of the treatment over receiving treatment from a non-preferred therapist or having no preference.

Conclusions

Unlike previous studies the present study controlled for client age; type and severity of problem; therapist age, experience, training and competence; and used a more standardized short-term treatment. One might raise the question as to whether the participants in this study were subjects or clients? These individuals indicated that they had a problem, desired treatment, and accepted treatment when it was made available. However, they did not initiate treatment without the offer. It appears to the authors that they were more like clients than like subjects.

In previous studies employing college student subjects, they preferred same sex therapists for personal problems. Fuller (1974) found that clients preferred male therapists. In our study clients preferred opposite sex therapists. A further replication using adequate controls and clients is needed.

Earlier studies found stereotypes favoring male therapists. In the present study attitudes toward male or female therapists did not reveal a bias, but clients preferred opposite sex therapists. Attitudes may reflect perceptions of social desirability. It may also be that measures used in this study were not sensitive to biases. Future studies need to determine if biases in this specific area are changing.

Client preferrences and pretherapy attitudes did not effect therapy outcome. Even in two sessions clients' attitudes became even more positive. Change in attitudes was positively related to therapy outcome. All dyad combinations were found to be equally effective. Employing more than one therapist of each sex controlled for the individual effects of the therapists. Geer (1973) found opposite sex dyads more effective, but employed only one male and one female therapists, and thus, did not control for individual therapist effects.

The present study did not support the predictions based on modeling theory which would expect same sex therapists to be more effective.

It is possible that the effectiveness of the therapy used in this study produced a ceiling effect which effected client attitude and preferance measures. The therapy was a very active and interactive procedure and had many differences compared to traditional verbal therapies. Where the treatment is very effective perhaps sex of participants is less relevant.

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